

Living Accommodations

Other Expenses or Services

Continued on attached page(s)

Total

Advertising Travel Telephone

LOBBYIST ANNUAL REPORT FOR	OBBYIST AN	INUAL I	REPORT	FORM
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To Be Filed By.

Page	of	Pa.	ge(	; )
THIS	SPACE FOR OFFICE	USE	ONL	r

	Ben Ysursi Secretary of S	a tate	L-2 Annual	LOBBYIS (Sec. 67-6	619)	ni-Annu	ıal			
	Type or print clea See instructions a									
Lobbyist's name an	d permanent busine	ess address		D	ate prepare	d		Period c	overed	*****
John D Watts				1					year endi	nę,
PO Box 2601 Boise, ID 837	01					08/23/20	006	(Mo.)	(Day)	(Yr.)
								08	31	2006
Item Tot	als of all reportal	ole expenditures made or	r incurred b	y Lobbyist	or by Lobb	byist's Empl	oyer on behalf	of Lobby	ist's Emplo	yer.
Category of Reimbursed Persona	d Living and Travel	*Total Amount for		bottom of pa		by each empi	loyer ( <b>identify e</b>	mployers.	, under	
Expenses Pertaining ( Do Not Have to		Ail Employers	Employ	er No. 1	Emp!o	yer No 2	Employer N	o. 3	Employer	No. 4
Entertainment Food and Refresh	ment	\$	s		s		s		s	

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

0.00

0.00

0.00

0.03

0.00

Item	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.						
_ 2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group			
			1				
_			!				

Item 3 INSTRUCTIONS Employer(s) Name(s) and Address(es) Who should file this form: Any lobbyist registered under Section ISBA - Terminated Contract 67-6617 Idaho Code 5905 West State Street - Boise, ID 83705 Filing deadline: Annual report is due on January 31st. No. 2 Executive Lobbist semi-annual report due July 31st. TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State

PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

No. 4

item 4	Expenditures personal prop	made by the lob perty to any Legisl	byist or by the lobbyist's en lator, Public or Executive Of	nploye ficial	er in the nature of contributions or for or on behalf of any Legislat	of mon or. Pub	ey or other tangible or intangiblic or Executive Official.
	Date	Amount	Nan	ne of I	egislator, Public or Executive Offi	cial Re	ceiving or Benefiting
Item 5 Subject (from	or House Bill, the Lobbyist v	Resolution or other vas supporting or of esolution or Other tive Ident, Number	tion, the number of the Senate r legislative activity in which pposing.  Appropriation Bill Number and Section Number  Terminature  Ter	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	taxation, revenue, budget, appropriations, bids, fees, funds		Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads
ltem 6	contract bid		decision, procurement, ancial services agreement or opposing.	E	DERTIFICATION: I hereby certify the orrect statement in accordance with Superhylist signature.  Imployer No. 1 signature.  Imployer No. 2 signature.  Imployer No. 3 signature.  Imployer No. 4 signature.		
				E	mployer No. 2 signature mployer No. 3 signature		Date Date